

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City, St. Louis..... (No. 5660 Bartmer Ave.....) Ward.....

File No. 24798
 Registered No. 6208

2. FULL NAME Johanna Brennan

(a) Residence, No. 5660 Bartmer Ave St. 5 Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 50 ✓ ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

13. NAME Mathew Brennan

14. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

15. MAIDEN NAME Katherine Shore

16. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

17. INFORMANT Mrs Helen Heckel
 (ADDRESS) 5660 Bartmer Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valvary DATE July 18th, 1938

19. UNDERTAKER Robert J. Cantelero
 (ADDRESS) 6633 Clayton Rd

20. FILED JUL 17 1938 J. F. Bredeck
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1938, to July 15, 1938
 I last saw him alive on July 15, 1938 Death is said to have occurred on the date stated above, at 4:35 p. m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
742
102
940
 Other contributory causes of importance:
Hypertension
 Date of onset 7/12/38
about 54 yrs

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Wm. J. Langan, Jr. M. D.
 (Address) 5803 S. Maryland W.

